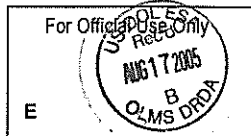


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11637</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>Dean</u> P.O. Box, Bldg., Room No., if any <u>6031</u> Street <u>Melton Road (US Hwy 20)</u> City <u>Portage</u> State <u>Indiana</u> ZIP Code + 4 <u>46368</u>	4. Name, file number, and address of labor organization. Name <u>ILA Local 1969 GLDC-ACD, AFL-CIO</u> Labor Organization File Number <u>069-690</u> P.O. Box, Building and Room Number, if any <u>6031</u> Street <u>Melton Road (US Hwy 20)</u> City <u>Portage</u> State <u>Indiana</u> ZIP Code + 4 <u>46368</u>
5. Position in labor organization. <u>Union Trust Fund Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James Dean</u>	On <u>08/11/2005</u> Date	<u>219-764-9715</u> Telephone Number

Name of Person Filing James Dean	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ILA Local 1969 GLDC-ACD, AFL-CIO</p> <p>Trade Name, if any: Local 1969</p> <p>P.O. Box, Bldg., Room No., if any 6031</p> <p>Street Melton Road (US Hwy 20)</p> <p>City Portage</p> <p>State Indiana ZIP Code + 4 46368</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name ILA Local 1969 Health & Welfare Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 6031</p> <p>Street Melton Road (US Hwy 20)</p> <p>City Portage</p> <p>State Indiana ZIP Code + 4 46368</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Performing Trust Fund Trustee's Duties for Time Loss Reimbursement and Expense Reimbursement (see attached Page 1 of 1)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. \$813</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing James Dean

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ILA Local 1969 GLDC-ACD, AFL-CIO

Trade Name, if any: Local 1969

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ILA Local 1969 Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred for Postage while performing Trust Fund Trustee Duties

12.b. Amount.

\$4

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August 11, 2005

PAGE 1 OF 1

Name: James Dean

Fiscal Year Covered From: 01/01/2004 Through 12/31/2004

Item Number 12.a. continued:

Time Loss Reimbursement;

02/05/2004	8.5 hours Lost Time (while attending Trust Meeting)	Amount	155.32
05/04/2004	16 hours Lost Time (while attending Trust Meeting in Chicago)		
		Amount	275.13
07/14/2004	9 hours Lost Time (while attending Trust Meeting)	Amount	177.50
11/03/2004	8.5 hours Lost Time Reimbursement (while attending Trust Meeting)		
		Amount	155.32
07/07/2004	Reimbursement for purchase of printer cartridge on behalf of Trust Fund,		
		<u>Amount</u>	<u>49.99</u>
		Total Amount	813.26